PART B - FEE(S) TRANSMITTAL

SEP 0 1 200	this form, fogether w		or <u>Fax</u>	P.O. Box 1450 Alexandria, Virg (571)-273-2885	or Patents ginia 22313-1450		
INSTRUCTIONS: This for appropriate All further cornindicated units particular maintenance fee and the contract of the contract	n should be used for tran resiondence including the bow or directed otherwise s.	smitting the ISSUI Patent, advance ord in Block 1, by (a)	E FEE and PUBL lers and notification specifying a new	ICATION FEE (if requ n of maintenance fees v correspondence address	nired). Blocks 1 through 5 will be mailed to the curren as, and/or (b) indicating a sep	should be completed where t correspondence address as parate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE	ADDRESS (Note: Use Block 1 for 06/06/2006			Note: A certificate of Fee(s) Transmittal. Th papers. Each additiona have its own certificate Cer	mailing can only be used fais certificate cannot be used al paper, such as an assignme of mailing or transmission. rtificate of Mailing or Tran	or domestic mailings of the for any other accompanying ent or formal drawing, must smission	
Mark G. Bocchetti Patent Legal Staff Eastman Kodak Company 343 State Street				I hereby certify that the States Postal Service addressed to the Mai transmitted to the USF	his Fee(s) Transmittal is bein with sufficient postage for finit Stop ISSUE FEE address PTO (571) 273-2885, on the	g deposited with the United st class mail in an envelope above, or being facsimile date indicated below. (Depositor's name)	
Rochester, NY 14650-2201				Right	A	(Signature)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/731,335 TITLE OF INVENTION: AI	12/09/2003 PPARATUS AND METHO	D OF TREATING	James E. Picker A RECORDING E	-	86414WRZ	3546	
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	09/06/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS]		
COLILLA, DANIEL JAMES		2854		101-424100			
"Fee Address" indicate PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless	ence address (or Change of 2) attached. on (or "Fee Address" Indica r more recent) attached. Usa RESIDENCE DATA TO B	Correspondence Ition form of a Customer E PRINTED ON To	(1) the names of or agents OR, alt (2) the name of a registered attorned 2 registered pate listed, no name where PATENT (printlata will appear on	near on the patent. If an assignee is identified below, the document has been filed for			
Please check the appropriate	343 STATE STR assignew-Jersey go	EET, ROCHE	STER, NY 1	(650-2201)	COUNTRY) orporation or other private gr	oup entity Government	
4a. The following fee(s) are enclosed: Sissue Fee			4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
	MALL ENTITY status. See	37 CFR 1.27.			LL ENTITY status. See 37 C ly paid issue fee to the applic istered attorney or agent; or t		
Authorized Signature	David A. A.	Movo	Office.	Date	lugust 2	9,2006	
This collection of informatio an application. Confidentialis submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virginal Alexandria, Virginia 22313-1	for reducing this burden, shain 22313-1450. DO NOT 450.	O. Time will vary of the sent to the SEND FEES OR C	depending upon the Chief Information OMPLETED FOR	in or retain a benefit by a is estimated to take 12 individual case. Any conficer, U.S. Patent and MS TO THIS ADDRESS	the public which is to file (an minutes to complete, includi onments on the amount of ti Trademark Office, U.S. Dep. S. SEND TO: Commissioner displays a valid OMB control	me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.